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Traumatic brain injury (TBI) is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Short term effects of TBI include loss of consciousness, retrograde amnesia, and changes in mental state. Long term effects include pain, memory impairment, mood swings, anxiety, and depression.

Traumatic Brain Injury in Nebraska 2004-2008

TBI-related deaths

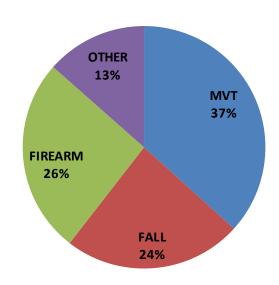
From 2004 to 2008, there were 1,610 deaths in NE involving TBI.

TBI-related deaths were more common among males than females (26.3 deaths per 100,000 males vs. 9.5 deaths per 100,000 females).

TBI-related deaths were also more common among older adults ages 75+ years and young adults ages 15-24 years.

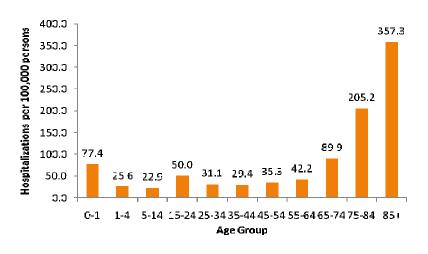
Motor vehicle traffic (MVT) injuries were the leading cause of TBI-related death, followed by firearm and unintentional fall injuries (Fig. 1).

Figure 1: TBI-related deaths by cause, Nebraska residents, 2004-2008



Source: NE death certificate data, 2004-2008

Figure 2: TBI-related hospitalizations by age group, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

TBI-related hospitalizations

From 2004 to 2008, there were 4,750 hospitalizations in NE involving TBI.

The overall age-adjusted rate for TBIrelated hospitalizations was 50.9 hospitalizations per 100,000 persons.

TBI-related hospitalizations were most common among Nebraska adults aged 85+ years (Fig. 2).

TBI-related hospitalizations were more common among males than females (67.2 per 100,000 males vs. 35.9 per 100,000 females).

TBI-related ED visits

From 2004 to 2008, there were 30,265 emergency department (ED) visits in NE involving TBI.

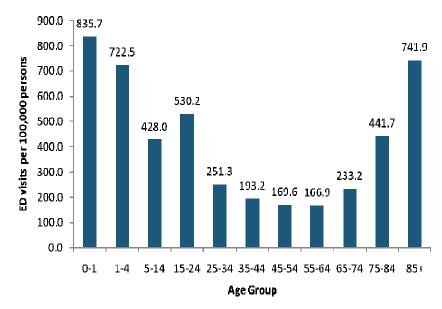
The overall age-adjusted rate for TBIrelated ED visits was 337 ED visits per 100,000 persons.

TBI-related ED visits were most common among infants, young children, and older adults (Fig. 3).

TBI-related ED visits were more common among males than females (383.5 per 100,000 males vs. 288 per 100,000 females).

Unintentional falls were the leading cause of TBI-related ED visits, followed by struck by/against injuries.

Figure 3: TBI-related emergency department (ED) visits by age group, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

To view the complete Traumatic Brain Injury in Nebraska 2004-2008 report, visit: www.dhhs.ne.gov/hew/hpe/Injury/facts.htm

The following TBI-prevention strategies are recommended by the CDC's National Center for Injury Prevention and Control (www.cdc.gov/traumaticbraininjury)

Fall prevention:

- Remove tripping hazards in the home.
- Install handrails.
- Use a step stool to reach objects on high shelves.
- Use non-slip mats in bathroom and shower floors.
- Maintain a regular exercise program to improve strength and balance.
- See an eye doctor regularly for a vision check to lower the risk of falling.

Motor vehicle traffic injury prevention:

- Always wear a seatbelt.
- Never drive under the influence of alcohol or drugs.
- Always buckle children into a safety seat, booster seat, or seatbelt according to the child's height, weight, and age.
- Avoid distracted driving; do not use a cell phone while driving.

Other tips and advice:

- Always wear a helmet while playing contact sports, riding bikes, skateboards, or horses, using skates, skiing, or snowboarding.
- Keep firearms stored unloaded in a locked cabinet or safe.
- Ensure the surface of your child's playground is a shock -absorbing material.

For more information on injury prevention in Nebraska, contact the DHHS Injury Prevention and Control Program at (402) 471-2101 or visit: www.dhhs.ne.gov/hew/hpe/Injury